PART B -	FEE(S	TRANSMITTAL
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Complete and send this form, together with applicable fee(s), to: Mail				Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450				
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maintenance fee notification	below or directed otherwise	e in Block I, by (a	JE FEE and PUBL	JICATION FEE (if recon of maintenance fees	uired). Blocks 1 through 5 s will be mailed to the current ss; and/or (b) indicating a sepa	hould be completed where correspondence address as arate "FEE ADDRESS" for		
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  00909 7590 03/15/2005  PILLSBURY WINTHROP, LLP P.O. BOX 10500				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  L hereby certify that this Fee(s) Transmittal is being deposited with the United				
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APPLICATION NO.	FILING DATE	FIRST NAMED INV			ATTORNEY DOCKET NO.	CONFIRMATION NO.		
10/662,331	09/16/2003		Haruhiko Horit	uchi	008312-0305980	9179		
TITLE OF INVENTION: PA	APER SHEET TAKE-OUT	APPARATUS						
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$140	0 .	\$300	\$1700	06/15/2005		
EXAM	EXAMINER ART U		IIT	CLASS-SUBCLASS	· .			
BOLLINGE	BOLLINGER, DAVID H			271-094000	_			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
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(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)  KABUSHIKI KAISHA TOSHIBA Tokyo, Japan								
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Typed or printed nameJeffrey_D. Karceski				Registration No. 35,914				
submitting the completed ap this form and/or suggestions Box 1450, Alexandria, Virgi Alexandria, Virginia 22313-	ty is governed by 35 U.S.C. plication form to the USPT for reducing this burden, sl nia 22313-1450. DO NOT 1450.	O. Time will vary nould be sent to the SEND FEES OR (	depending upon the Chief Information	n is estimated to take 12 e individual case. Any officer, U.S. Patent an EMS TO THIS ADDRE	the public which is to file (and 2 minutes to complete, including comments on the amount of the d Trademark Office, U.S. Dep. SS. SEND TO: Commissioner t displays a valid OMB control	ng gathering, preparing, and the you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,		

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